

Part 4 – Signature: An adult household member must sign the application before it can be approved.

Penalties for Misrepresentation: I certify that all of the above information is true and correct and that the Medicaid number, Food Stamp number or SSI number is correct and that all income is reported. I understand that this information is being given for the receipt of federal funds: that CACFP officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Household Member: _____ Printed Name: _____

Date Signed: _____ Home Telephone: _____ Work Telephone: _____

Home Address: _____ Zip Code: _____

Part 5 – Ethnic/Race Identity: You are not required to answer these questions. If you choose to do so:

Please check one of the following ethnic identities:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Please check one or more of the following racial identities:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Section 9 of the National School Lunch Act requires that unless you provide a Medicaid, Food Stamp or SSI case number, you must provide a Social Security number on the application. This may be either the Social Security number of the enrollee or guardian or the Social Security number of the adult household member signing the application or an indication that neither household member possesses a Social Security number. Provision of a Social Security number is not mandatory; but if a Social Security number is not provided or an indication is not made that neither the enrollee nor the adult household member signing the application has one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, investigations, and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine current certification for receipt of food stamps, Medicaid or SSI benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Center Use Only – Do Not Write Below This Line

Monthly Income Conversion: Weekly X 4.33; Every 2 Weeks X 2.15; Twice a Month X 2

☐ Food Stamp ☐ Medicaid ☐ SSI ☐ Household

☐ Income Household: Total Household Monthly Income: _____ Household Size: _____

Application Approved For:

☐ Free Meals ☐ Reduced-Price Meals

Application Denied Because:

☐ Income Over Allowed Amount ☐ Incomplete/Missing: _____

☐ Other: _____

Signature of Determining Official: _____ Date: _____

Application Instructions

To apply for free and reduced-price meals, complete this application using the instructions below, sign your name and return the application to the center.

Part 1 – Individual Enrolled: Write name and age

Part 2 – Households Now Getting Food Stamps, Medicaid or SSI for the Enrollee. Complete this part and Part 4.

1. Case Number: Write your Food Stamp, Medicaid or SSI case number.
2. Signature: An adult must sign the application.

Part 3 – All Other Households: If you did not give a Food Stamp, Medicaid or SSI case number, complete this part and Part 4.

1. **Household Names:** Write the names of enrollee, and his or her spouse and/or any other individual(s) who reside(s) with the enrollee and who depend(s) on the enrollee for economic support. If you need more space use a separate piece of paper. Use Line 1 to identify the individual enrolled in the adult day care center.
2. **Current Income:** Write the amount of income each person now gets on the same line as their name, how often the person gets it (such as weekly, every two weeks, twice a month or monthly) and where it comes from, such as Earnings, Welfare, Pensions or Other. Income is all money before taxes or anything else is taken out. If the amount received most recently is higher or lower than usual, write instead that person's usual income.
3. **Social Security Number:** Write the name and Social Security number of either the enrollee or the adult household member who signs the form. Write the word "none" if neither household member has a Social Security number.
4. **Signature:** An adult household member must sign the application in Part 4.

Part 4 – Signature: An application must be signed by an adult household member or the application cannot be approved.

Part 5 – Ethnic/Racial Identity: Put a check (✓) next to ethnicity the you identify with. Put a check (✓) next to the race or races you identify with. We need the information to be sure everyone gets benefits on a fair basis. You do not have to answer these questions to get free or reduced price meals.

Ethnicity:

1. *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
2. *Not Hispanic or Latino.*

Race:

1. *American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. *Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to ‘Black or African American.’
4. *Native Hawaiian or Other Pacific Islander.* A person having any origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. *White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Income to Report

Earnings From Work

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Workman's Compensation
Net Income From Self-Owned
Business or Farm

Pensions/Retirement/Social Security

- Pensions
- Retirement Income
- Social Security
- Veteran Payments
- Supplemental Security Income

Other Income

- Earnings From Second Job
- Disability Benefits
- Interest/Dividends
- Cash Withdrawn from Savings
- Income From Estates/Trusts/Investments
- Regular Contributions From Persons
Not Living in the Household
- Royalties/Annuities/Rental Income
- Any Other Monies That May Be Available
to Pay for the Child's Meals

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony Payments
Child Support Payments